MARYLAND 08513

08523

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

M

1. PLACE OF DEATH
COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JESSUPS, MD
LENGTH OF STAY (in this place): 2YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GUILFORD RD. JESSUPS, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD
COUNTY: BALTO. CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE CITY
STREET ADDRESS (If rural, give location): 2544 W LAFAYETTE AV

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) AMERICA (Last)

4. DATE OF DEATH: (Month) 9/30/54 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 6/16/1889

9. AGE last birthday: 65 yrs.
If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): HOWARD COUNTY, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL CLARK

14. MOTHER'S MAIDEN NAME: ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: INEZ McCALL-2544 W.LAFAYETTE AV BALTO.MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1 wk.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia — 10 days.

(c) Cerebro-vascular accident — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Arteriosclerosis

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE

(CITY OR TOWN) NONE (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from 9/5, 1954, to 9/30, 1954 that I last saw the deceased alive on 9/30, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Buckman M.D. ADDRESS Laurel, Maryland DATE SIGNED 9/30/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 10/3/54
NAME OF CEMETERY OR CREMATORY: 1stBAPTIST CEM.
LOCATION (City, town, or county) (State): GUILFORD, MD.

DATE RECD BY LOCAL REG. 10-1-54
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR: Charles H. Corkran
ADDRESS: 512 Cathedral St Balto 23 Md.

MARGIN RESERVED FOR BINDING

08514

08524

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DAYTON
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL - SILVER SPRING
STREET ADDRESS (If rural, give location) LAY HILL ROAD 15X-2

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) VIRGINIA (Last) CARTER

4. DATE OF DEATH (Month) SEPT (Day) 1 (Year) 19 54

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: AUG. 22, 1897 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSE WIFE | 10b. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): MONTGOMERY CO., MD. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ISIAH GATES

14. MOTHER'S MAIDEN NAME: ANNIE GATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: HARRY M. CARTER, DAYTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260 X

Immediate cause (a) DIABETIC COMA — Interval Between Onset and Death: 9 DAYS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DIABETES MELLITIS — 6 YEARS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Charles S. Whitaker, M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/1/54

23. (BURIAL), CREMATION, REMOVAL (Specify): Sept 4, 1954 | DATE THEREOF Sept 4 1954 | NAME OF CEMETERY OR CREMATORY Layhill Cemetery | LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. Sept 2, 1954 | REGISTRAR'S SIGNATURE Marie A. Whitaker | 24. FUNERAL DIRECTOR ADDRESS Roy Barber, Gaithersburg, Md

RECEIVED
SEP 7 1954
BUREAU V. S.

08515 **MARYLAND STATE DEPARTMENT OF HEALTH** 08527

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Harold (Last) Ford

4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-12-1883
9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wine Steward
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Cartersville, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? - Ford
14. MOTHER'S MAIDEN NAME Fannie — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 216-18-6503
17. INFORMANT AND ADDRESS Mrs Florence Ford - Wife West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: first attack

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 10-15 years

(c) Severe gastric hemorrhage from peptic ulcer treated by gastric resection one year ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1953, to 10-26, 1953, that I last saw the deceased alive on 10-26, 1953, and that death occurred at 10 20 A.m., from the causes and on the date stated above.

SIGNATURE Bertrand R. Gau (Degree or title) M.D., ADDRESS Central Avenue SYKESVILLE Md; DATE SIGNED 9.24.54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-27-54
NAME OF CEMETERY OR ~~CREMATORY~~ McKendree
LOCATION (City, town, or county) Cooksville Howard (State) Md

DATE REC'D BY LOCAL REG. Sept. 25, 1954.
REGISTRAR'S SIGNATURE Alice H. Hibb,
24. FUNERAL DIRECTOR Luther H. Haight ADDRESS Sykesville, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

RECEIVED
SEP 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08528

08516

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City A
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 106 S. Fulton Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Arthur Phipps.

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 7 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: 9-30-74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C Phipps

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Balto City Welfare, Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X

Immediate cause (a) Carcinoma of Prostate with

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastases

DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Sept. 7, 1954, that I last saw the deceased alive on Sept 6, 1954, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jean A. Kartman Mt ADDRESS Ellicott City Md DATE SIGNED 9/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-11-54

NAME OF CEMETERY OR CREMATORY Good Shepherd

LOCATION (City, town, or county) (State) Ellicott City Md

DATE REC'D BY LOCAL REGISTRAR Sept. 11, 1954

REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.

24. FUNERAL DIRECTOR R. Sigurbethom, Ellicott City ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1954
BUREAU V. S.

08517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08529

CERTIFICATE OF DEATH

Reg. Dist. No. 193

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural -- Woodbine — LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural -- Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROGER	F.	SANNER, Sr.	Sept.	8	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	1-28-1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer--retired	owner	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Sanner	Sarah Schildknecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Norma D. Sanner Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis - Cardio-Renal disease	5 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bleeding from Bladder - cause undetermined	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 2, 1954 to Sept 8, 1954, that I last saw the deceased alive on Sept 7, 1954, and that death occurred at 3:14 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley Grabill	M.D.	Mt. Airy - Md.	9/8/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	9-10-1954	Mt. Olivet	Frederick, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9-54	E. Pearl Mercer	C. M. Waltz,	Winfield, Md.

RECEIVED
SEP 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08530

CERTIFICATE OF DEATH

08518

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
LENGTH OF STAY (in this place) 35 yrs. +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
STREET ADDRESS (If rural give location) Guilford Road

3. NAME OF DECEASED: (First) James (Middle) W. (Last) Sargent
4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 19 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: February 25, 1896
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10B. KIND OF BUSINESS OR INDUSTRY: Prince Geo. School board
11. BIRTHPLACE (State or foreign country): Winchester Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas D. Sargent
14. MOTHER'S MAIDEN NAME: Lavella Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 579-34-8977
17. INFORMANT & ADDRESS: Mrs Irey B. Sargent, Savage Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSE (B) DUE TO Hypertension & Cardio Vas. Disease — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1954, to Sept 28, 1954, that I last saw the deceased alive on Sept 27, 1954, and that death occurred at 7 a. M, from the causes and on the date stated above.

SIGNATURE Mark Shipley M. D. ADDRESS Savage, Md. DATE SIGNED 10/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 1, 1954
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10/1/54
REGISTRAR'S SIGNATURE Mark Shipley
24. FUNERAL DIRECTOR DeWitt Donaldson
ADDRESS Laurel, Md

VS. A15 — 10-5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 5 1934
BUREAU V. S.

Item 7 Film G169 9-9-54 et

08519

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 0853

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural-WATERLOO
LENGTH OF STAY (in this place) Passing By
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Rd. and. LARK BROWN Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tennessee COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Heiskill. 79x-3
STREET ADDRESS (If rural, give location) Unknown.

3. NAME OF DECEASED: (Type or Print) (First) BOBBIE (Middle) AREDITH (Last) SHOPE

4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	8 17 1927	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Army	Soldier.	Tennesse	USA.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~(illegible)~~ (If Yes, give war or dates of service) yes.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U. S. Army Ft. Meade, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Marked compound skull fracture	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) highway	21c. (City or town) Near Waterloo	(County) Howard	(State) Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
9	1	1954	12:30 A. M.			car veered off road and struck tree, thorwing body out of car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/1/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-2-54	Lake City	Tennesee.

DATE REC'D BY LOCAL REG. 9-2-54 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Cook Inc ADDRESS 1217 St Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08520 08532

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. NAME OF DECEASED (Type or Print): William Sedan Simms

2. DATE OF DEATH: Sept. 6, 1954

3. PLACE OF DEATH: A. Baltimore Co., Maryland Ellicott City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): High Manor Nursing Home Church Rd, Ellicott City, Md.

c. Length of stay in Baltimore: Five years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2105 St. Paul St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	April 28. 1879	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Richmond, Virginia	U.S.A.

13. FATHER'S NAME: John Caskey Simms

14. MOTHER'S MAIDEN NAME: Mildred Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.
No	No	None

17. INFORMANT: Miss Ruth I Read ADDRESS: 2105 St. Paul St, Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic CV disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
			YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1954 *to* Sept. 6, 1954, *that I last saw the deceased alive on* Sept 5, 1954, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	1037 N. Calvert St	9-7-54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Sept. 7. 1954	Rest Haven Funeral Chapel	Hagerstown Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS
9-7-54	C. W. Hedrick	Earl B. Wolverton Funeral Home Inc 403 E 25th St Baltimore 18 Md

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. correct age is especially int. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

ly. The